



Pediatric Clinic
PATIENT visit documentation
SCHOOL / WORK EXCUSE

Name of Patient: _____

Diagnosis _____

This patient was home for medical problems from _____ to _____ .

This patient is now able to return to school and is not contagious.

Physical education / work restriction:

- ☐ This patient can participate in all work duties, sports, and activities, OR
☐ This patient should have limited physical activity with the following instructions:

No gym for _____ days.

Thank you.

Physician's Signature: _____ Date: _____

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